

## PART II. ADET School Application

### A. General Information

1. MHL #: \_\_\_\_\_ Exp.Date: \_\_\_\_\_ 2. DWI Facility Code:
3. Contact Person for ADETS School (please print) \_\_\_\_\_
4. Facility \_\_\_\_\_

### B. Service Provision- non-English speaking clients

Do you provide ADETS services for non-English speaking clients? **Yes**    **No (Please Circle)**

If yes, please describe as per 10 NCAC 14V .3816. Include direct care staff name, resume, credentials/certificates/licenses. \_\_\_\_\_

If no, please list the ADET schools where non-English speaking clients will be referred and describe how these facilities ensure services for non-English speaking clients (attach additional paper if necessary). *Referral to:* \_\_\_\_\_

### C. Staffing (Please print legibly)

Certified ADETS Instructor \_\_\_\_\_

### D. Required Signature

Signature (Administrative Director): \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title: \_\_\_\_\_

For Office use:  
5-digit DWI FACILITY CODE: \_\_\_\_\_

**FACILITY AFFIRMATIONS AND STIPULATIONS**  
***ADETS Providers Only***

I agree to provide Alcohol and Drug Education Traffic School in accordance with General Statute 122C-142.1 and Rules for Mental Health, Developmental Disabilities and Substance Abuse Facilities and Services 10 NCAC 27G .3800 including, but not limited to, the following:

- a. Being an authorized provider of substance abuse services to Driving While Impaired offenders;
- b. Offering the curriculum established by the Commission and complying with rules adopted by the Commission;
- B. Providing a designated instructor who is certified by the Division of Mental Health/Developmental Disabilities/Substance Abuse Services in each class;
- C. Remitting to the Division five percent (10%) of each fee paid by a person who attends the ADET school on a minimum of a quarterly basis;
- D. Notifying the designated area authority for the catchment area in which ADETS is located, with a copy of this notification sent to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services. Of its intent to provide ADETS services.

Signature (Clinical Director): \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title: \_\_\_\_\_

Signature (Administrative Director): \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title: \_\_\_\_\_